

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE			
						APPLICANT(S)				
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51			
2		/					52			
3							53			
4							54			
5							55			
6							56			
7							57			
8		/					58	/		
9	/						59	/		
10			/				60		/	
11							61		/	
12							62			
13							63			
14							64			
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21							71			
22							72			
23							73			
24							74			
25							75			
26							76			
27		1					77			
28			/				78			
29							79			
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37							87			
38							88			
39							89			
40							90			
41							91			
42							92			
43							93			
44							94			
45		1					95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.							TOTAL IND.			
TOTAL DEP.							TOTAL DEP.			
TOTAL CLAIMS							TOTAL CLAIMS			

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